



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
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November 10, 2004

TO: Washington State Board of Health Members
FROM: Tom Locke, Board Chair
RE: DISCUSSION OF INFLUENZA AND OTHER VACCINE SHORTAGES

Background and Summary

On October 5, 2004 the nation discovered it would have only half of its expected influenza vaccine supply. This is due to the Chiron Corporation's inability to deliver between 46-48 million doses of influenza vaccine to the U.S. market. The other FDA-approved manufacturer, Aventis Pasteur, planned to produce 54 million doses of the vaccine and recently announced it could make another 2.6 million doses. About 30 million doses have been distributed to the immunization providers who placed their orders with Aventis before the influenza vaccine shortage was announced.

Because of this severe shortfall, the CDC, in coordination with its Advisory Committee for Immunization Practices (ACIP), issued interim recommendations delineating vaccination priority groups. It is estimated that about 95 million Americans fall within one or more of these priority groups. (A copy of these recommendations are in your packet.) In total, around 60-65 million doses of vaccine are expected to be available for this flu season, 57-58 million doses of inactivated flu vaccine from Aventis, 3 million doses of a live attenuated virus vaccine, and up to 5 million doses purchased from European manufacturers.

The flu season typically peaks in January or later. It generally takes two weeks for people to develop immunity after being vaccinated, which should ideally be done in October or November. About 36,000 Americans die of the flu each year and more than 200,000 are hospitalized. Under normal conditions, as many as 180 million Americans could benefit from a flu shot. To date, there are no confirmed flu cases in Washington State.

Some state health departments have declared an emergency so they can limit distribution of vaccine to those with the greatest need and prompt action against distributors who are inflating prices. In Washington State, some local health jurisdictions (LHJs) have put public health orders in place so that they can assure that providers follow the priority recommendations for high-risk groups. This list of LHJs that have issued orders includes Clark, Cowlitz, Grant, King, Skamania, and Wahkiakum.

Because the vaccine distribution system in the United States is highly decentralized, it is not possible to accurately predict the vaccine shortfall for adults over 19 years of age in Washington

State. However, Washington State purchases vaccines for children less than 19 years of age through the CDC. The state flu vaccine is intended for children age 6-23 months; age two-to-18 years with underlying medical conditions such as asthma, diabetes, or heart disease; and children 18 and under who are caregivers or have household contact with infants less than six months old. In Washington, the Childhood Vaccine Program expects to receive 100 percent of the pediatric influenza doses ordered for children 6 to 23 months of age. The program also expects to receive 85 percent of the childhood influenza vaccine for high risk children 2 to 18 years of age. (Refer to *2004 Childhood Vaccine Program/CDC Flu Vaccine Contracting* in your packet for more details.)

The crisis our nation is facing this flu season has highlighted long standing concerns about the reliability of the vaccine supply and distribution system in our country. Up to half of influenza associated deaths are thought to be preventable with a fully implemented national vaccination program.

Unfortunately, vaccine shortages are not a new problem nor are they isolated to influenza vaccine. There has been a lengthy history of nation-wide supply problems associated with other vaccines. For instance, in June of 2002, the Board conducted emergency rulemaking and delegated authority to the State Health Officer to declare a DTaP vaccine shortage and grant conditional school entry status to children without their required fourth and fifth doses of the vaccine. Over the past decade, there have been periodic shortages of 8 of the 11 major vaccine antigens used in childhood vaccines.

Today's presentation will discuss the response to the current influenza vaccine shortage in Washington State. We will also discuss how fixing our flu vaccine supply and distribution system will require system changes and adjustments at all levels (national, state, and local). Today's meeting presents an opportunity for the Board to explore the policy implications of changes in the vaccine supply and distribution system. Among these policy issues are proposals for mandatory influenza vaccination for school aged children and health care workers.

Board Action

No Board action is requested.